STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| | 1440 | | |
| DISTRIBUTION | | | |
| SANTA PE | | Γ | |
| FILE | | | |
| U.1.G.5, | | | |
| LANG OFFICE | | | |
| TRANSPORTER | OIL | | |
| | 949 | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWARIE

| OPERATOR AND | | | |
|--|---|--|--|
| AUTHORIZATION TO TRANS | PORT OIL AND NATURAL GAS | | |
| I. Operator | | | |
| Meridian Oil Inc. | | | |
| P. O. Box 4289, Farmington, NM 87499 | | | |
| Reeson(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well Change is Transporter of: | Meridian Oil Inc. is Operator | | |
| Recompletion Oil D | for El Paso Production Company | | |
| X Change in Chan | ondensete | | |
| If change of ewnership give name El Paso Natural Gas Compa and address of previous owner El Paso Natural Gas Compa | any, P. O. Box 4289, Farmington, NM 87499 | | |
| II. DESCRIPTION OF WELL AND LEASE | | | |
| San Juan 28-5 Unit 42 Basin Dakota | State, Federal or Fee SF 079521A | | |
| | State, Federal by Lee St. 01327TV | | |
| Unit Letter K 1800 Feet From The South Lin | ne and 1650 Feet From The West | | |
| | | | |
| Line of Section 31 Township 28N Range | 5W NMPM, Rio Arriba County | | |
| Name of Authorized Transporter of Cit or Condensate Ameridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas Ameridian Oil Inc. Northwest Pipeline Corp. If well produces oil or liquids, que location of tanzs. If this production is commingled with that from any other lesse or pool. | P. O. Box 4289. Farmington. NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110 Is gas actually connected? | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | | |
| | 1 | | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED NOV - 1 1986 | | | |
| been complied with and that the information given is true and complete to the best of | 7 | | |
| my knowledge and belief. | BY | | |
| | TITLE SUPERVISION DISTRICT # 7 | | |
| V | This form is to be filed in compliance with RULE 1104. | | |
| aggis pak | If this is a request for allowable for a newly drilled or deepened | | |
| (Signature) | well, this form must be accompanied by a tabulation of the deviation | | |
| Drilling Clerk (Tule) | tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow- | | |
| 11-1-86 | able on new and recompleted wells. | | |
| Fill out only Sections I, II, and VI for changes of owner well name or number, or transporter, or other such change of condition | | | |
| MEGEIVED | Separate Forms C-104 must be filed for each pool in multiply completed wells. | | |
| NOV -1 1980 | • | | |